

DELAWARE CORRECTIONAL CENTER ---- MEMORANDUM

TO: Inmate Shane Washington, SBI# 253918, Housing Unit S44
 VIA: Counselor Jark
 FROM: I.B.C.C.
 DATE: 3/18/01
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Resent Mag/CHAPC - And
Med/HC - Deny

The I.B.C.C.'s decision is to:

Approve S44
 Not Approve _____
 Defer _____
 Recommend _____
 Not Recommend _____

BECAUSE:

____ Lack of program participation	____ Time remaining on sentence
____ Pending disciplinary action	____ Prior failure under supervision
____ Gradual phasing indicated	____ Poor institutional adjustment
____ Open charges	____ Serious nature of offense
____ Prior criminal history	_____
____ Failure to follow your treatment plan in that you	_____

____ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: R102 - Continuous pattern of disciplinary infractions

ADDITIONAL COMMENTS:

____ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

D00355

Received on 3-2-01
From Sonja Lewis

To: Lt. Porter
from: Shane Hopkins #253918
Location: BLDG #18 B-L-#1

Sir,

I've been trying to sign off of protective custody since November.

I was recently classified off two months ago by my Councilor Jack Stephens. But I still havnt been moved.

I'm in no danger in population and the person I did have a problem with went

BUREAU OF PRISONS RECLASSIFICATION FORM #004**I. Vital Indicators/Sentencing Information**

Inmate Name HOPKINS, SHANE AKA NONE SBI No 253918 Date of Birth 10/15/73
 Facility D.C.C. Security/Custody Level MAX/SHW/PC Housing Area SHW
 Current Offense(s) Burg. F (8CJS)

Level V Sentence: Year(s): 16 Month: / Day(s): / Truth in Sentence? Yes No

Sentence Effective Date 3-7-95 STRD 07/29/07 PE Date: NONE Parole Rehearing Date NONE

Mandatory Sentence: Year(s) NONE Month(s) NONE Day(s) NONE Level IV Sentence? Yes Length 1784H
 No

Detainer(s)? Yes Agency PA Open Charge(s)? Yes 4204K? Yes End Date of 4204K
 No No No A

4205L? Yes 4214B/Habitual Offender? Yes
 No No

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):
12/20/90 - ESCAPE - North Haven Co., PA

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):
NONE INDICATED

DNA sample obtained? Yes No (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).
EPF 3-7-95

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes No No. of DUI's

Date(s) of offense(s): 1st 2nd 3rd 4th

BOP FORM 004

III. Institution Disciplinary History (summarize last 6 months – include dates, offenses, dispositions)

11-4-00 - F.T.O. - 24HR HOLD
 11-8-00 - CASHIER, FTRAD - 24HR HOLD
 12-21-00 - DIST. OF PHOT OVER 10,000, AGENT OR PRV. FROM PD, POS. NO. CRNT - PENDIRK

IV. Current Program Participation/Work Assignment (Justification for Request/Change or Recommendation must be recorded on page 3.)

NONE

V. Program Request/Change or Recommendation

MDT Recommendation:

Housing/Security Level Receiving MAX SHU - P/C, RECOMMEND-MED HIGH - Q.HH - #7
 Employment _____ On/Off Grounds _____
 Education _____ Treatment Program _____
 Work Release _____ Supervised Custody _____
 Halfway House Worker _____ Highway Work Project _____

Other Recommendation:

Furlough _____ To Visit: Name _____ Relationship _____

Address _____

Purpose of Visit _____ N/A

Has inmate had prior participation in any program recommended? Yes _____ No _____

Number of prior approvals for any program recommended _____

Is exception to standards requested? Yes _____ No N/A

(If yes, give reason for exception) _____

VI. Victim Notification InformationOffender's Release Address (if required) N/A

Name of Victim(s) _____

Last Known Address of Victim G. StevensonSignature of Counselor _____ Date _____ Signature of Counselor Supervisor R.W. Bunt _____ Date Stated**MDT Review**MTD: Recommended X Not Recommended _____ Vote _____

Signature of MDT Chairperson _____ Date _____

IBCC Review _____ Approved X Disapproved X Recommended MED/HI Not Recommended _____ Vote 20Signature of IBCC Chairperson _____ Date 3/8/01Comments SHU Prod _____**CICB Review** _____ Approved _____ Disapproved _____ Recommended _____ Not Recommended _____ Vote _____

Signature of CICB Chairperson _____ Date _____

Comments _____

IRCB Review _____ Approved _____ Disapproved _____ Vote _____

Signature of IRCB Chairperson _____ Date _____

Comments _____

Distribution After Final Committee Review

Copy to: Classification

Institution File (original)

Special Programs Office (as required)

JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME HOPKINS, SHANE SBI# 00 253908

Mr Hopkins has requested to come off of PC (see attached letter). The M.D.s concurs and recommends substance abuse treatment as part of his treatment plan.

He has not been a management problem while in PC - Date 2-0

Recommended review date: 1/02

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Shane Hopkins, SBI# 253918, Housing Unit 11
VIA: Counselor Jayne
FROM: I.B.C.C.
DATE: 9/1/08
RE: Classification Results

Your M.D.T has recommended you for the following:

May/PC

The I.B.C.C.'s decision is to:

Approve _____
 Not Approve _____
 Defer _____
 Recommend _____
 Not Recommend _____

BECAUSE:

Lack of program participation _____ Time remaining on sentence _____
 Pending disciplinary action _____ Prior failure under supervision _____
 Gradual phasing indicated _____ Poor institutional adjustment _____
 Open charges _____ Serious nature of offense _____
 Prior criminal history _____
 Failure to follow your treatment plan in that you _____

 You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: Rew 11/08

ADDITIONAL COMMENTS:

Develop/continue treatment plan with counselor

You will be expected to address the following:

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Form #456 (3 Part NCR)
Revised 11/97

D00360

BUREAU OF PRISONS RECLASSIFICATION FORM #004**I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA _____ SBI No 253918 Date of Birth 10-9-73
 mo / da / yr
 Facility D.C.C. Security/Custody Level SPD-HC Housing Area 71W
 Current Offense(s) Burg. 2nd (80's)

Level V Sentence: Year(s): 16 Month: — Day(s): — Truth in Sentence? Yes No

Sentence Effective Date 3-7-95 STRD: 729.0 PE Date: T15 Parole Rehearing Date

Mandatory Sentence: Year(s) Month(s) Day(s) Level IV Sentence? Yes Length 1yo HH
 No

Detainer(s)? Yes Agency PA Open Charge(s)? Yes 4204K? Yes End Date of 4204K
 No No No

4205L? Yes 4214B/Habitual Offender? Yes
 No No

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

12-20-90 • Escape north Hampton Co. Pa committed to DDC at Weaverville

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

None indicated

DNA sample obtained? Yes No (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

EFF. 3-7-95 Burg. 2nd (80's)

None Extensive History of burglaries

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes No. of DUI's
 No

Date(s) of offense(s): 1st 2nd 3rd 4th

JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME Hopkins, Shane SBI# 253918

IMH Shane Hopkins is recommended for continue
med. HC / Protective custody MSU housing. The
MPT vote is 2-0 in favor.

Reason

Need for current housing on protective
custody/MSU.

Please see the attached paper work
concerning his placement on Protective Custody &

appears to have put himself in this
current situation.

MPT Feels comfortable with the
recommendation to Protective Custody.

Note Doc 7-13-00

App. c/bc

not App. cont. med. HC - go da. review & inst. behavior

Recommended review date: 11/00

D00362

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Shane Hopkins, SBI# 253918, Housing Unit D/w
 VIA: Counselor Mell
 FROM: I.B.C.C.
 DATE: 7/13/07
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Continued H/c - Go day review Institution behavior

The I.B.C.C.'s decision is to:

- Approve c/B/E
- Not Approve Med H/c D Bldg
- Defer _____
- Recommend _____
- Not Recommend _____

BECAUSE:

<input checked="" type="checkbox"/>	Lack of program participation	<input type="checkbox"/>	Time remaining on sentence
<input type="checkbox"/>	Pending disciplinary action	<input type="checkbox"/>	Prior failure under supervision
<input type="checkbox"/>	Gradual phasing indicated	<input checked="" type="checkbox"/>	Poor institutional adjustment
<input type="checkbox"/>	Open charges	<input type="checkbox"/>	Serious nature of offense
<input type="checkbox"/>	Prior criminal history	<hr/>	
<input type="checkbox"/>	Failure to follow your treatment plan in that you _____	<hr/>	
<input type="checkbox"/>	<hr/>		
<input type="checkbox"/>	You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: <u>continued behavior problem</u>	<hr/>	
<input type="checkbox"/>	<u>No more write ups</u>	<hr/>	

OTHER: Re 9/07

ADDITIONAL COMMENTS:

- Develop/continue treatment plan with counselor

You will be expected to address the following:

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Form #456 (3 Part NCR)
 Revised 11/97

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BUREAU OF PRISONS RECLASSIFICATION FORM #004

I. Vital Indicators/Sentencing Information

Inmate Name Hopkins, Sheane AKA _____ SBI No 253918 Date of Birth 5-2-
Facility D.C.C. Security/Custody Level medium Housing Area D/W
Current Offense(s) Burg, 2nd (8cts)

Level V Sentence: Year(s): 16 Month: — Day(s): — Truth in Sentence? Yes No

Sentence Effective Date 3-7-95 STRD: 7-29-09 PE Date: 715 Parole Rehearing Date _____

Mandatory Sentence: Year(s) Month(s) Day(s) Level IV Sentence? Yes ✓ Length 12 mos
No Half

Detainer(s)? Yes Agency P.A. Open Charge(s)? Yes 4204K? Yes End Date of 4204K 11/01/2024
No No No

4205L? Yes 4214B/Habitual Offender? Yes
No No

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

12-20-90 - George North Hampton Co. Pa committed to DDC at
Greenville

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

Offenses (List date, charges)
none indicated

DNA sample obtained? Yes No (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

EFF. 3-7-95 Bury. ^{2nd} (8cfs)

None Extensive History of burglaries
(erving a sentence for DUT)

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes _____ No. of DUI's _____
No

Date(s) of offense(s): 1st _____ 2nd _____ 3rd _____ 4th _____